

DIVISION OF BUILDING SAFETY  
PUBLIC WORKS CONTRACTORS LICENSE BUREAU  
1090 E Watertower St, Meridian, ID 83642  
208-334-4057

CONTRACTOR REFERENCE SHEET

This form must be completed and signed by the person familiar with you and/or your experience as a contractor, or you can submit the reference on company letterhead. If the answers to any of the questions require more space, please use additional paper. Upon completion, this form is to be notarized and submitted with your original application.

Name of Applicant: \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_  
(Name of Applicant) (Number of Years)

I have been familiar with the applicant's experience in construction-related work for \_\_\_\_\_  
(Number of Years)

- |   | YES  | NO   |
|---|--|--|
| 1. Are you familiar with the applicant's work to judge his/her qualifications as a contractor?                                  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 2. The applicant performed in a manner which was satisfactory?<br>The applicant performed in a manner which was unsatisfactory? | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 3. In your opinion, what trade(s) is the applicant experienced in? _____<br>_____<br>_____                                      |  |  |

4. Please list projects in which the applicant has had responsible charge and what were his/her duties?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you employed in a construction-related business? ☐ ☐  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If no, please explain your affiliation with the applicant: \_\_\_\_\_  
\_\_\_\_\_

6. Completed by: \_\_\_\_\_

\_\_\_\_\_  
Name Telephone Number

\_\_\_\_\_  
Full Address City, State, Zip

\_\_\_\_\_  
Signature

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Residing at: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature and Seal

My commission expires on \_\_\_\_\_, \_\_\_\_\_